



APPLICATION FOR REIMBURSEMENT FROM ACCRUED AMOUNTS DUE A DECEASED BENEFICIARY

IMPORTANT Read instructions on reverse before filling out this form.

1. FIRST-MIDDLE-LAST NAME OF DECEASED VETERAN (Type or print)	2. VETERAN'S SOCIAL SECURITY NUMBER	3. VA FILE NUMBER
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PART I - INFORMATION REGARDING DECEASED BENEFICIARY

4. FIRST-MIDDLE-LAST NAME OF DECEASED BENEFICIARY	5. DATE OF BENEFICIARY'S DEATH
6. PLACE OF DEATH	7. PLACE OF BURIAL
8. CLAIMANT'S RELATIONSHIP TO BENEFICIARY	

9. IF THE DECEASED WAS A VETERAN, WAS HE/SHE SURVIVED BY ANY PERSONS IN THE FOLLOWING CLASSES WHO ARE NOW LIVING? (Check)

☐ SURVIVING SPOUSE ☐ FATHER OR MOTHER ☐ BROTHERS OR SISTERS ☐ OTHER CHILD OR CHILDREN

☐ CHILD OR CHILDREN, UNMARRIED AND UNDER 18, OR UNDER 23 IF ATTENDING SCHOOL AT THE TIME OF THE VETERAN'S DEATH, OR WHO BECAME PERMANENTLY INCAPABLE OF SELF-SUPPORT PRIOR TO ATTAINING AGE OF 18 YEARS

PART II - INFORMATION RELATIVE TO EXPENSES OF LAST SICKNESS AND BURIAL OF THE BENEFICIARY

NOTE - ANSWER FULLY - Each charge entered below should be supported by a bill or statement of account from the person who rendered the service or who furnished the supplies and should show, over his/her signature, the name of the deceased for whom the expense was incurred, whether the expense has been paid, and if so by whom. If none, so state.

10A. NATURE OF EXPENSE	10B. NAME OF PERSON OR FIRM RENDERING THIS SERVICE	10C. AMOUNT OF EACH BILL	10D. ENTER WHETHER PAID OR UNPAID	10E. IF PAID, ENTER NAME OF PERSON OR ESTATE WHOSE FUNDS WERE USED
PHYSICIAN		\$		
HOSPITAL		\$		
NURSING		\$		
BURIAL EXPENSES		\$		
OTHER EXPENSES		\$		
TOTAL EXPENSES ➤		\$		

11. HAVE YOU BEEN REIMBURSED FROM ANY SOURCE FOR ANY OF THE EXPENSES PAID FROM YOUR PERSONAL FUNDS?

☐ YES ☐ NO (If "Yes," specify amount and source)

I CERTIFY THAT the foregoing statements are true to the best of my knowledge and belief. I further certify that I paid or am responsible for the payment of the last sickness and burial expenses of the above-named beneficiary and hereby make claim for any accrued amounts due as reimbursement.

12. FIRST-MIDDLE-LAST NAME OF CLAIMANT (Type or print)	13. SIGNATURE OF CLAIMANT	14. DATE
15. ADDRESS OF CLAIMANT (No. and street or rural route, city or P.O., State, and ZIP Code)		16. TELEPHONE NUMBER(S) (Include Area Code)
		A. DAYTIME
		B. EVENING

PART III - REIMBURSEMENT WAIVER

NOTE - If any of the expenses are unpaid, Part III should be signed by all unpaid creditors.

I CERTIFY THAT I hold the claimant named above responsible for the payment of any portion of the accrued benefit to which I may be entitled in the case of the above-named beneficiary and waive my right to any such benefit.

17A. SIGNATURE OF CREDITOR	17B. SIGNATURE OF CREDITOR
17C. SIGNATURE OF CREDITOR	17D. SIGNATURE OF CREDITOR

PENALTY - The law provides severe penalties which include fine or imprisonment, or both, for the willful submission of any statement or evidence of a material fact, knowing it to be false, or for the fraudulent acceptance of any payment to which you are not entitled.

PRIVACY ACT INFORMATION: Payment of accrued benefits cannot be made unless the information requested is furnished as required by existing law (38 CFR 3.1000 and 3.1001). The responses you submit are considered confidential (38 U.S.C. 5701). They may be disclosed outside the Department of Veterans Affairs (VA) only if the disclosure is authorized by the Privacy Act, including the routine uses identified in the VA system of records, 58VA21/22, Compensation, Pension, Education and Rehabilitation Records - VA, published in the Federal Register.

The requested information is considered relevant and necessary to determine maximum benefits under the law. Information submitted is subject to verification through computer matching programs with other agencies.

RESPONDENT BURDEN: VA may not conduct or sponsor, and respondent is not required to respond to this collection of information unless it displays a valid OMB Control Number. Public reporting for this collection of information is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. If you have comments regarding this burden estimate or any other aspect of this collection of information, call 1-800-827-1000 for mailing information on where to send your comments.

INSTRUCTIONS - READ CAREFULLY

This application is to be used **ONLY** by the person who bore the expense of last sickness and burial of a deceased beneficiary of the Department of Veterans Affairs in filing claim for any amount due and unpaid the deceased beneficiary at the time of death.

1. PAYMENT OF ACCRUED BENEFITS IN GENERAL.

(a) 38 U.S.C. Section 5121 governs, in general, the payment of accrued amounts of periodic monetary benefits, such as pension, compensation, dependency and indemnity compensation, educational assistance allowance, etc. Under this law, any accrued benefits due and unpaid at the time of death of a beneficiary of the Department of Veterans Affairs will be paid in the following order of preference:

(1) Upon the death of a veteran, to the living survivor first listed below:

- (A) Spouse;
- (B) Children (in equal shares);
- (C) Dependent parents (in equal shares);

(2) Upon the death of a surviving spouse or remarried surviving spouse, to the children of the deceased veteran;

(3) Upon the death of a child, to the surviving children of the veteran who are entitled to death compensation, dependency and indemnity compensation, or death pension; and

(4) In all other cases, only so much of the accrued benefits may be paid as may be necessary to reimburse the person who bore the expense of last sickness and burial.

(A) A "child" means a child of a veteran, who at the time of the veteran's death was unmarried or whose marriage was terminated and under the age of 18 years, or under the age of 23 years if attending school at the time of the veteran's death, or any age if the child became permanently incapable of self-support by reason of mental or physical defect prior to attaining the age of 18 years and includes illegitimate, adopted, and stepchildren. A "mother" and "father" includes persons other than natural parents who stood in loco parentis to the veteran.

(B) **TIME LIMIT FOR FILING CLAIM.** Applications for accrued benefits must be filed within one year after the date of death.

2. PAYMENT OF AN AMOUNT DUE BY REASON OF REDUCTION OF VETERAN'S AWARD DURING HOSPITALIZATION, INSTITUTIONAL OR DOMICILIARY CARE. This application will also be considered a claim for any pension, compensation or Emergency Officers' retirement pay withheld from a veteran during hospital treatment, institutional or domiciliary care,

requires, however, that claim for any amount so withheld must be filed within five (5) years after the death of the veteran, or if any person so entitled is under legal disability at the time of the veteran's death, the 5-year period shall run from the date of termination or removal of the legal disability.

3. WHO MAY FILE CLAIM. If expenses of the veteran's or deceased beneficiary's last sickness and burial have not been paid, a claim may be filed by the person who is responsible for the payment of these expenses, but Part III of the application, VA Form 21-601, must be signed by all unpaid creditors. If such expenses have been paid, the claim should be filed by the person or persons whose personal funds were used to pay such expenses. If the expenses were paid from funds of the deceased beneficiary's estate, the claim should be filed by the executor or administrator thereof in which case there must also be submitted a copy of the letters of administration or letters testamentary certified over the signature and seal of the appointing court.

4. PROOF OF DEATH. The death of a beneficiary in a United States Government institution does not need to be proved by a claimant. If death occurred elsewhere, a certified copy of the public record of death should be forwarded if evidence of death has not already been furnished.

5. EVIDENCE IN SUPPORT OF CLAIM. The claim must be accompanied by statements of account (preferably on the printed billheads) of all creditors whose services were rendered in connection with the expense of last sickness and burial of the veteran or deceased beneficiary. These statements must show the name of the deceased for whom the services were rendered, the nature and cost of the services rendered, all credits, and the name of the person from whom payment in whole or in part was received.

6. PAYMENT OF FEES. The payment of any fee in the preparation of this application is prohibited by law.